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UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

-----X

In re

BAOBURG INC.,

Case No.

Debtor.

Sub Ch. V Chapter 11

-----X

DECLARATION PURSUANT TO 11 U.S.C. SECTION 1116

Suchanan Aksornnan, president of the above-captioned debtor in possession (the “Debtor”), hereby declares as follows:

1. I have been informed that the Debtor is obligated to annex a copy of its most recent balance sheet, statement of operations, cash-flow statement, and Federal income tax return to its bankruptcy petition. I have annexed hereto a copy of the last federal tax return filed by the Debtor. I do not possess a cash flow statement, balance sheet, or statement of operations. However, if these documents are possessed by the Debtor’s accountants, I will file and amend Declaration to provide these additional documents.

I declare under the penalty of perjury that the foregoing is accurate and true to the best of my knowledge.

Dated: August 13, 2023
Brooklyn, New York



S/Suchanan Aksornnan
Suchanan Aksornnan

Form **8879-C****IRS e-file Signature Authorization for Form 1120**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue ServiceFor calendar year 2021, or tax year beginning Oct 1, 2021, ending Sep 30, 2022**2021**

► Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879C for the latest information.

Name of corporation

BAOBURG INC.

Employer identification number

47-5233822

Part I Tax Return Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	454,797.
2	Taxable income (Form 1120, line 30)	2	-189,818.
3	Total tax (Form 1120, line 31)	3	0.
4	Amount owed (Form 1120, line 35)	4	
5	Overpayment (Form 1120, line 36)	5	21,356.

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2021 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
 ERO firm name do not enter all zeros

on the corporation's 2021 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2021 electronically filed income tax return.

Officer's signature ► _____ Date ► _____ Title ► PRESIDENT**Part III Certification and Authentication****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► _____ Date ► 02/18/2023

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

1120Form
Department of the Treasury
Internal Revenue Service**U.S. Corporation Income Tax Return**

OMB No. 1545-0123

For calendar year 2021 or tax year beginning Oct 1, 2021, ending Sep 30, 2022► Go to www.irs.gov/Form1120 for instructions and the latest information.**2021**

A Check if:	TYPE OR PRINT	Name BAOBURG INC.	B Employer identification number 47-5233822
1a Consolidated return (attach Form 851) <input type="checkbox"/>		Number, street, and room or suite no. If a P.O. box, see instructions. 614 MANHATTAN AVE	C Date incorporated 10/05/2015
2 Personal holding co. (attach Sch. PH) <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code BROOKLYN NY 11222	D Total assets (see instructions) \$ 189,247
3 Personal service corp. (see instructions) <input type="checkbox"/>			
4 Schedule M-3 attached <input type="checkbox"/>	E Check if:	(1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change	

Income	1a Gross receipts or sales	1a 1,056,713	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c 1,056,713	
	2 Cost of goods sold (attach Form 1125-A)	2 601,916	
	3 Gross profit. Subtract line 2 from line 1c	3 454,797	
	4 Dividends and inclusions (Schedule C, line 23)	4	
	5 Interest	5	
	6 Gross rents	6	
	7 Gross royalties	7	
	8 Capital gain net income (attach Schedule D (Form 1120))	8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10 Other income (see instructions—attach statement)	10		
11 Total income. Add lines 3 through 10	11 454,797		
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions—attach Form 1125-E)	12 19,893	
	13 Salaries and wages (less employment credits)	13 34,713	
	14 Repairs and maintenance	14 67,832	
	15 Bad debts	15	
	16 Rents	16 60,400	
	17 Taxes and licenses	17 9,758	
	18 Interest (see instructions)	18	
	19 Charitable contributions	19	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	
	21 Depletion	21	
	22 Advertising	22 16,181	
	23 Pension, profit-sharing, etc., plans	23	
	24 Employee benefit programs	24	
	25 Reserved for future use	25	
	26 Other deductions (attach statement)	26 435,838	
	27 Total deductions. Add lines 12 through 26	27 644,615	
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.	28 -189,818	
29a Net operating loss deduction (see instructions)	29a		
b Special deductions (Schedule C, line 24)	29b		
c Add lines 29a and 29b	29c		
30 Taxable income. Subtract line 29c from line 28. See instructions	30 -189,818		
31 Total tax (Schedule J, Part I, line 11)	31 0		
32 Reserved for future use	32		
33 Total payments and credits (Schedule J, Part III, line 23)	33 21,356		
34 Estimated tax penalty. See instructions. Check if Form 2220 is attached	34		
35 Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35		
36 Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36 21,356		
37 Enter amount from line 36 you want: Credited to 2022 estimated tax ►	37 21,356		
	Refunded ►		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Signature of officer	Date	PRESIDENT Title

Paid Preparer Use Only	Print/Type preparer's name PABLO F SANCHEZ	Preparer's signature PABLO F SANCHEZ	Date 02/18/2023	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00442523
	Firm's name ► Sanchez Professional Services LLC			Firm's EIN ► 02-0713819	
	Firm's address ► 40-20 58th Street Woodside NY 11377			Phone no. (718) 489-9600	

Schedule C	Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	(b) %	(c) Special deductions (a) × (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations		See instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Reserved for future use			
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)**Part I—Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions ► <input type="checkbox"/>		
2	Income tax. See instructions	2	0
3	Base erosion minimum tax amount (attach Form 8991)	3	
4	Add lines 2 and 3	4	0
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method—income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Interest/tax due under section 453A(c) and/or section 453(l)	9f	
g	Other (see instructions—attach statement)	9g	
10	Total. Add lines 9a through 9g	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0

Part II—Reserved For Future Use

12	Reserved for future use	12	
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Part III—Payments and Refundable Credits

13	2020 overpayment credited to 2021	13	
14	2021 estimated tax payments	14	21,356
15	2021 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	21,356
17	Tax deposited with Form 7004	17	
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	21,356
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Reserved for future use	20c	
d	Other (attach statement—see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	Reserved for future use	22	
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33	23	21,356

Schedule K Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ► _____	Yes	No
2	See the instructions and enter the: a Business activity code no. ► 722511 b Business activity ► RESTAURANT c Product or service ► PRODUCT AND SERVICE		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation ► _____	X	
4	At the end of the tax year: a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	
5	At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.	X	
	(i) Name of Corporation _____ _____ _____ _____	(ii) Employer Identification Number (if any) _____ _____ _____ _____	(iii) Country of Incorporation _____ _____ _____ _____
	(iv) Percentage Owned in Voting Stock _____ _____ _____ _____		
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.	X	
	(i) Name of Entity _____ _____ _____ _____	(ii) Employer Identification Number (if any) _____ _____ _____ _____	(iii) Country of Organization _____ _____ _____ _____
	(iv) Maximum Percentage Owned in Profit, Loss, or Capital _____ _____ _____ _____		
6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.	X	
7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned ► _____ and (b) Owner's country ► _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ► _____	X	
8	Check this box if the corporation issued publicly offered debt instruments with original issue discount ► <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ _____		
10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) ► _____		
11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) ► <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12	Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) ► \$ _____		

Schedule K Other Information (continued from page 4)

		Yes	No
13	Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?	<input checked="" type="checkbox"/>	
	If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ► \$ _____ 0.		
14	Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		<input checked="" type="checkbox"/>
	If "Yes," complete and attach Schedule UTP.		
15a	Did the corporation make any payments in 2021 that would require it to file Form(s) 1099?		<input checked="" type="checkbox"/>
b	If "Yes," did or will the corporation file required Form(s) 1099?		
16	During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		<input checked="" type="checkbox"/>
17	During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		<input checked="" type="checkbox"/>
18	Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		<input checked="" type="checkbox"/>
19	During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		<input checked="" type="checkbox"/>
20	Is the corporation operating on a cooperative basis?		<input checked="" type="checkbox"/>
21	During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		<input checked="" type="checkbox"/>
	If "Yes," enter the total amount of the disallowed deductions ► \$ _____		
22	Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3))		<input checked="" type="checkbox"/>
	If "Yes," complete and attach Form 8991.		
23	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		<input checked="" type="checkbox"/>
24	Does the corporation satisfy one or more of the following? See instructions		<input checked="" type="checkbox"/>
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense.		
	If "Yes," complete and attach Form 8990.		
25	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		<input checked="" type="checkbox"/>
	If "Yes," enter amount from Form 8996, line 15 ► \$ _____		
26	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		<input checked="" type="checkbox"/>
	Percentage: By Vote	By Value	

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
1	Cash		1,041.		2,426.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories		7,082.		7,082.
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)		137,423.		0.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	200,556.		325,808.	
b	Less accumulated depreciation	(61,497.)	139,059.	(195,638.)	130,170.
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	131,850.		131,850.	
b	Less accumulated amortization	(51,281.)	80,569.	(82,281.)	49,569.
14	Other assets (attach statement)				0.
15	Total assets		365,174.		189,247.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)		9,893.		0.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		57,495.		458,764.
21	Other liabilities (attach statement)		74,018.		
22	Capital stock: a Preferred stock				
b	Common stock	300,000.	300,000.	0.	0.
23	Additional paid-in capital		23,000.		23,000.
24	Retained earnings—Appropriated (attach statement)				
25	Retained earnings—Unappropriated		-99,232.		-292,517.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock	()		()	
28	Total liabilities and shareholders' equity		365,174.		189,247.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	-193,285.	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2	Federal income tax per books				
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize): _____				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize): a Depreciation . . . \$ _____ b Charitable contributions \$ _____	
a	Depreciation . . . \$ _____				
b	Charitable contributions . \$ _____	658.			
c	Travel and entertainment . \$ _____	2,809.			
6	Add lines 1 through 5	3,467.	9	Add lines 7 and 8	
		-189,818.	10	Income (page 1, line 28)—line 6 less line 9	-189,818.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1	Balance at beginning of year	-99,232.	5	Distributions: a Cash	
2	Net income (loss) per books	-193,285.	b	Stock	
3	Other increases (itemize): _____		c	Property	
4	Add lines 1, 2, and 3	-292,517.	6	Other decreases (itemize): _____	
			7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	-292,517.

Form **1125-A**(Rev. November 2018)
Department of the Treasury
Internal Revenue Service**Cost of Goods Sold**

OMB No. 1545-0123

► Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
► Go to www.irs.gov/Form1125A for the latest information.

Name	Employer identification number	
BAOBURG INC.	47-5233822	
1 Inventory at beginning of year	1	
2 Purchases	2	366,255
3 Cost of labor	3	
4 Additional section 263A costs (attach schedule)	4	
5 Other costs (attach schedule) See Statement	5	235,661
6 Total. Add lines 1 through 5	6	601,916
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	601,916
9a Check all methods used for valuing closing inventory:		
(i) <input type="checkbox"/> Cost	► <input type="checkbox"/>	
(ii) <input type="checkbox"/> Lower of cost or market	► <input type="checkbox"/>	
(iii) <input type="checkbox"/> Other (Specify method used and attach explanation.) ►		
b Check if there was a writedown of subnormal goods	► <input type="checkbox"/>	
c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)	► <input type="checkbox"/>	
d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	9d	
e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

Small business taxpayers. For tax years beginning after December 31, 2017, the following apply.

- A small business taxpayer (defined below), may use a method of accounting for inventories that either: (1) treats inventories as nonincidental materials and supplies, or (2) conforms to the taxpayer's financial accounting treatment of inventories.
- A small business taxpayer is not required to capitalize costs under section 263A.

General Instructions**Purpose of Form**

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, or 1065, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of

merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. A small business taxpayer (defined below), can adopt or change its accounting method to account for inventories in the same manner as material and supplies that are non- incidental, or conform to its treatment of inventories in an applicable financial statement (as defined in section 451(b)(3)), or if it does not have an applicable financial statement, the method of accounting used in its books and records prepared in accordance with its accounting procedures. See section 471(c)(3).

A small business taxpayer claiming exemption from the requirement to keep inventories is changing its method of accounting for purposes of section 481. For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on changing to this method of accounting, see Form 3115 and the Instructions for Form 3115.

Small business taxpayer. A small business taxpayer is a taxpayer that (a) has average annual gross receipts of \$25 million or less (indexed for inflation) for the 3 prior tax years, and (b) is not a tax shelter (as defined in section 448(d)(3)). See Pub. 538.

Uniform capitalization rules. The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property for use in its trade or business or in an activity engaged in for profit.

A small business taxpayer (defined above) is not required to capitalize costs under section 263A. See section 263A(i).

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

SCHEDULE G

(Form 1120)

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Information on Certain Persons Owning the Corporation's Voting Stock

- Attach to Form 1120.
- See instructions on page 2.

OMB No. 1545-0123

Name

Employer identification number (EIN)

BAOBURG INC.

47-5233822

Part I

Certain Entities Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

Part II

Certain Individuals and Estates Owning the Corporation's Voting Stock. (Form 1120, Schedule K, Line 1)

Certain Individuals and Estates Holding the Corporation's Voting Stock (Form 120, Schedule A, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
SUCHANAN AKSORNNAN	[REDACTED] -6128	US	100

Form **1125-E**

(Rev. October 2016)

Department of the Treasury
Internal Revenue Service

Compensation of Officers

OMB No. 1545-0123

- Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.
- Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

Name

BAOBURG INC.

Employer identification number
47-5233822

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

Form 1120, Line 29a

Net Operating Loss Worksheet

2021

Name
BAOBURG INC.Employer Identification Number
47-5233822**Important Information**
Tax Cuts and Jobs Act (TCJA)

For taxable years ending after December 31, 2017, Net Operating Loss (NOL) rules for carrybacks and carryforwards have changed under the Tax Cuts and Jobs Act (TCJA). Except for certain farming and insurance company (other than life insurance) losses, NOLs can no longer be carried back. NOLs can now be carried forward indefinitely.

NOLs under Tax Cuts and Jobs Act of 2017 Smart Worksheet

A Is the Net Operating Loss from certain farming losses? ► Yes No
B If "Yes" to line A, is the business electing out of the two year carryback? ► Yes No
QuickZoom to Election Statement ► _____
QuickZoom to Form 1139 ► _____

NOL's under Tax Cuts and Jobs Act of 2017 : Carryover indefinitely

NOL Carryover Year	A Carryover	B Less Carrybacks	C Adjusted Carryover
2020	_____	_____	_____
2019	_____	_____	_____
2018	_____	_____	_____
Totals	_____	_____	_____

NOL's under Taxpayer Relief Act of 1997 : Two year carryback, twenty year carryover

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2017			
2016			
2015			
2014			
2013			
2012			
2011			
2010			
2009			
2008			
2007			
2006			
2005			
2004			
2003			
2002			
2001			
Totals			

NOL's prior to Taxpayer Relief Act of 1997: Three year carryback, fifteen year carryover

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2011			
2010			
2009			
2008			
2007			
2006			
Totals			

BAOBURG INC.

47-5233822

Net Operating Loss Summary

NOL C/O Year	A NOL Carryover Available	B Deduction Allowed in Current Year	C Adjustment Under Section 172(b)(2)	D Remaining Carryover 20 Years	E Remaining Carryover Indefinite	F Remaining Carryover 15 Years*
2020						
2019						
2018						
2017						
2016						
2015						
2014						
2013						
2012						
2011						
2010						
2009						
2008						
2007						
2006						
2005						
2004						
2003						
2002						
2001						
Totals						
Less: Carryover expiring due to 20-year limitation						
Less: Carryover expiring due to 15-year limitation						
Add: Current year net operating loss						189,818.
Less: Carryback of current year net operating loss						
Net operating loss carryover to next year						189,818.

BAOBURG INC.

47-5233822

1

Additional information from your 2021 Federal Corporation Tax Return

Form 1120: US Corporation Income Tax Return

Other Deductions

Continuation Statement

Description	Amount
AUTOMOBILE AND TRUCK EXPENSE	188
BANK CHARGES	2,288
CLEANING	12,560
COMPUTER SERVICES AND SUPPLIES	5,724
DUES AND SUBSCRIPTIONS	2,797
INSURANCE	10,407
LEGAL AND PROFESSIONAL	30,129
MEALS (50%)	2,810
OUTSIDE SERVICES	152,538
SUPPLIES	5,318
TRAVEL	4,626
UNIFORMS	275
UTILITIES	41,440
PEST CONTROL	5,097
DEPRECIATION EXPENSE	134,141
AMORTIZATION EXPENSE	25,500
Total	435,838

Form 1125-A: Cost of Goods Sold

Other Costs Statement

Continuation Statement

Other Cost	Other Amount
DELIVERY SERVICES	213,433
MERCHANT ACCOUNT FEES	21,255
SMALL TOOLS	973
Total	235,661



Department of Taxation and Finance

General Business Corporation Franchise Tax Return

Tax Law – Article 9-A

CT-3

Caution: This form must be used **only** for tax periods beginning on or after January 1, 2021. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred.

See instructions, Form CT-3-I, before completing return.

All filers must enter tax period:

beginning ending

<input checked="" type="checkbox"/> Final return	<input type="checkbox"/> Amended return			
Employer identification number (EIN) 475233822		File number AA4	Business telephone number (917) 496-0125	If you claim an overpayment, mark an X in the box
Legal name of corporation BAOBURG INC.			Trade name/DBA	
Mailing address Care of (c/o) 614 MANHATTAN AVE			State or country of incorporation NY	
Number and street or PO box 614 MANHATTAN AVE			Date of incorporation 10-05-15	Foreign corporations: date began business in NYS
City BROOKLYN	U.S. state/Canadian province NY	ZIP/Postal code 11222	Country (if not United States)	For office use only
Principal business activity in NYS RESTAURANT			NAICS business code number (from NYS Pub 910) 722511	
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.				

A. Pay amount shown on Part 2, line 19c. Make payable to: **New York State Corporation Tax** **A** Payment enclosed
← Attach your payment here. (Detach all check stubs; see instructions for details.) **1,500**

B. Are you subject to the metropolitan transportation business tax (MTA surcharge)? (see instructions; mark an **X** in the appropriate box) **B** Yes **X** No

C. If you are disclaiming tax liability in New York State based on Public Law 86-272, mark an **X** in the box (see instructions) **C**

D. Do you have an interest in any partnerships? (mark an **X** in the appropriate box) **D** Yes **X** No

If Yes, enter the name(s) and EIN(s) on Form CT-60 and attach it to your return.

Third – party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/> Designee's name (print)	Designee's phone number ()
	Designee's email address	PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person PABLO SANCHEZ	Signature of authorized person	Official title PRESIDENT
	Email address of authorized person PABLO@SANCHEZLLC.COM	Telephone number (917) 496-0125	Date 02-17-23
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) SANCHEZ PROFESSIONAL SERVICES LLC	Firm's EIN 020713819	Preparer's PTIN or SSN P00442523
	Signature of individual preparing this return PABLO F SANCHEZ	Address 40-20 58TH STREET WOODSIDE NY 11377	City State ZIP code
	Email address of individual preparing this return PABLO@SANCHEZLLC.COM	Preparer's NYTPRIN or 03	Excl. code Date 02-18-23

See instructions for where to file.

Content of Form CT-3

Part 1 – General corporate information	Part 5 – Computation of investment capital for the current tax year
Part 2 – Computation of balance due or overpayment	Part 6 – Computation of business apportionment factor
Part 3 – Computation of tax on business income base	Part 7 – Summary of tax credits claimed
Part 4 – Computation of tax on capital base	

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Part 1 – General corporate information

Section A – Qualification for preferential tax rates – If you are a corporation as identified in this section and qualify for preferential tax rates, mark an **X** in the boxes that apply to you (see *instructions*).

- 1 A qualified emerging technology company (QETC) eligible for the lower business income base tax rate, 0% capital base tax rate, and lower fixed dollar minimum tax amounts • 1
- 2 A qualified New York manufacturer based on the principally engaged test eligible for the 0% business income base tax rate and lower fixed dollar minimum tax amounts • 2
- 3 A qualified New York manufacturer based on the principally engaged test eligible for the 0% capital base tax rate • 3
- 4 A qualified New York manufacturer based on the significant employment and property test eligible for the 0% business income base tax rate, 0% capital base tax rate, and lower fixed dollar minimum tax amounts • 4
- 5 A cooperative housing corporation eligible for the 0% capital base tax rate • 5
- 6 A small business taxpayer eligible for the 0% capital base tax rate • 6 X
If you marked this box, complete line 6a below and Section B, line 1.

6a Total capital contributions • 6a 23,000

- 7 A qualified entity of a New York State innovation hot spot that operates solely within such New York State innovation hot spot, and you have elected to be subject only to the fixed dollar minimum tax base • 7

Section B – New York State information (see *instructions*)

- 1 Number of New York State employees • 1
- 2 Wages paid to New York State employees • 2
- 3 Number of business establishments in New York State • 3
- 4 If you have an interest in, or have rented, real property in New York State, mark an **X** in the box • 4
- 5 If you are claiming an exception to the related member expense addback under Tax Law §208.9(o)(2)(B), mark an **X** in the box • 5

5a If you marked the line 5 box, use line 5a to report the applicable exception number (1-4) and the amount of royalty payments • 5a • Number • Amount

- 6 If you are not protected by Public Law 86-272 and are subject to tax **solely** as a result of deriving receipts in New York State, mark an **X** in the box • 6

Section C – Filing information

1 **Federal return filed** – you must mark an **X** in one box and attach a complete copy of your federal return

1120 • 1120 consolidated • 1120-REIT or 1120-RIC • 1120S • 1120F • 1120-H •

2 **Amended return** – If you marked the amended return box on page 1, then for any item(s) that apply, mark an **X** in the box and attach documentation:

Final federal determination • Date of determination • NOL carryback • Capital loss carryback ... • 1139 • 1120X • Failure to meet investment capital holding period •

2a Enter the tax due amount from your most recently filed New York State return for this tax period • 2a

3 **Required attachments** – For all forms, other than tax credit claim forms, that are attached to this return, mark an **X** in the applicable box(es)

CT-3.1 • CT-3.2 • CT-3.3 • CT-3.4 • CT-60 • CT-225 • CT-227 •
Other (identify): _____ •

- 4 If you are claiming tax credits, enter the number of tax credit forms attached to this return. Where multiple forms are filed for the same credit, count **each** form filed. • 4
- 5 If you filed federal Form 1120F and you have effectively connected income (ECI), mark an **X** in the box • 5
- 6 Were you required to report any nonqualified deferred compensation, as required by Internal Revenue Code (IRC) §457A, on your 2021 federal return? (see *instructions*) Yes • No •
- 7 If you are a foreign corporation computing your tax taking into account **only** your distributive shares from **multiple** limited partnerships, mark an **X** in the box and file Form CT-60 •



Part 2 – Computation of balance due or overpayment**Largest of three tax bases, minus credits**

1a Business income base tax (from Part 3, line 20)	●	1a	0	
1b Capital base tax (from Part 4, line 15; see instructions)	●	1b	0	
		New York receipts		
1c Fixed dollar minimum tax (see instr) ● 1,056,713	●	1c	1,500	
2 Tax due (enter the amount from line 1a, 1b, or 1c, whichever is largest; see instructions)	●	2	1,500	
3 Tax credits used (from Part 7, line 2; see instructions)	●	3		
4 Tax due after credits (subtract line 3 from line 2; if line 3 is more than line 2, enter 0)	●	4	1,500	

Penalties and interest

5 Estimated tax penalty (see instructions; if Form CT-222 is attached, mark an X in the box)	●	5	0	
6 Interest on late payment (see instructions)	●	6		
7 Late filing and late payment penalties (see instructions)	●	7		
8 Total penalties and interest (add lines 5, 6, and 7)	●	8		

Voluntary gifts/contributions

9 Total voluntary gifts/contributions (from Form CT-227, Part 2, line 1)	●	9		
10 Total amount due (add lines 4, 8, and 9)	●	10	1,500	

Prepayments

11 Mandatory first installment from Form CT-300 (see instructions)	●	11		
12 Second installment (from Form CT-400)	●	12		
13 Third installment (from Form CT-400)	●	13		
14 Fourth installment (from Form CT-400)	●	14		
15 Payment with extension request (from Form CT-5, line 5)	●	15		
16 Overpayment credited from prior years (see instr.) Period		16		
17 Overpayment credited from CT-3-M Period	●	17		
18 Total prepayments (add lines 11 through 17; see instructions)	●	18		

Payment due or overpayment to be credited/refunded (see instructions)

19a Underpayment	●	19a	1,500	
19b Additional amount for 2022 MFI	●	19b	0	
19c Balance due	●	19c	1,500	
20a Excess prepayments	●	20a		
20b Amount previously credited to 2022 MFI	●	20b		
20c Overpayment	●	20c		
21 Amount of overpayment to be credited to next period	●	21		
22 Balance of overpayment available (subtract line 21 from line 20c)	●	22		
23 Amount of overpayment to be credited to Form CT-3-M	●	23		
24 Balance of overpayment to be refunded (subtract line 23 from line 22)	●	24		
25 Unused tax credits to be refunded	●	25		
26 Unused tax credits applied to next period	●	26		

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Part 3 – Computation of tax on business income base

1	Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see <i>instructions</i>)	•	1	-189,818
2	Additions to FTI (from Form CT-225, line 5)	•	2	
3	Add lines 1 and 2	•	3	-189,818
4	Subtractions from FTI (from Form CT-225, line 10)	•	4	
5	Subtract line 4 from line 3	•	5	-189,818
6	Subtraction modification for qualified banks (from Form CT-3.2, Schedule A, line 1; see <i>instructions</i>)	•	6	
7	Entire net income (ENI) (subtract line 6 from line 5)	•	7	-189,818
8	Investment and other exempt income (from Form CT-3.1, Schedule D, line 1)	•	8	
9	Subtract line 8 from line 7	•	9	-189,818
10	Excess interest deductions attributable to investment income, investment capital, and other exempt income (from Form CT-3.1, Schedule D, line 2)	•	10	
11	Business income (add lines 9 and 10)	•	11	-189,818
12	Addback of income previously reported as investment income (from Form CT-3.1, Schedule F, line 6; if zero, enter 0; see <i>instructions</i>)	•	12	0
13	Business income after addback (add lines 11 and 12)	•	13	-189,818
14	Business apportionment factor (from Part 6, line 56)	•	14	1.000000
15	Apportioned business income after addback (multiply line 13 by line 14)	•	15	-189,818
16	Prior net operating loss conversion subtraction (from Form CT-3.3, Schedule C, line 4)	•	16	0
17	Subtract line 16 from line 15	•	17	-189,818
18	NOL deduction (from Form CT-3.4, line 6)	•	18	0
19	Business income base (subtract line 18 from line 17)	•	19	-189,818
20	Business income base tax (multiply line 19 by the appropriate business income tax rate from the tax rates schedule in Form CT-3-1; enter here and on Part 2, line 1a; see <i>instructions</i>)	•	20	0

Note: If you make any entry on line 2, 4, 6, 8, 10, 12, 16, or 18, you **must** complete and file the appropriate attachment form, or any tax benefit claimed may be disallowed, or there may be a delay in receiving such benefit. In addition, all amounts entered on these lines must be entered as positive numbers.



Part 4 – Computation of tax on capital base (see instructions)

	A Beginning of year	B End of year	C Average value
1 Total assets from federal return	1 365,174	• 189,247	• 277,211
2 Real property and marketable securities included on line 1	2		
3 Subtract line 2 from line 1	3 365,174	189,247	• 277,211
4 Real property and marketable securities at fair market value	4		
5 Adjusted total assets (add lines 3 and 4)	5 365,174	189,247	• 277,211
6 Total liabilities	6 141,406	458,764	• 300,085
7 Total net assets (subtract line 6, column C, from line 5, column C)	• 7	-22,874	
8 Investment capital (from Part 5, line 19; if zero or less, enter 0)	• 8	0	
9 Business capital (subtract line 8 from line 7)	• 9	-22,874	
10 Addback of capital previously reported as investment capital (from Part 5, line 20, column C; if zero or less, enter 0)	• 10	0	
11 Total business capital (add lines 9 and 10)	• 11	-22,874	
12 Business apportionment factor (from Part 6, line 56)	• 12	1.000000	
13 Apportioned business capital (multiply line 11 by line 12)	• 13	-22,874	
14			
15 Capital base tax (multiply line 13 by the appropriate capital base tax rate from the tax rates schedule in Form CT-3-1; enter here and on Part 2, line 1b)	• 15	0	

Part 5 – Computation of investment capital for the current tax year (see instructions)

	A Average fair market value	B Liabilities attributable to column A amount	C Net average value (column A - column B)
16 Total capital that generates income claimed to not be taxable by New York under the U.S. Constitution (from Form CT-3.1, Schedule E, line 1)	• 16		
17 Total of stocks actually held for more than one year (from Form CT-3.1, Schedule E, line 2)	• 17		
18 Total of stocks presumed held for more than one year (from Form CT-3.1, Schedule E, line 3)	• 18		
19 Total investment capital for the current year (Add column C lines 16, 17, and 18; enter the result here and on Part 4, line 8. If zero or less, enter 0.)	• 19	0	

Addback of capital previously reported as investment capital

	A Average fair market value as previously reported	B Liabilities attributable to column A amount as previously reported	C Net average value as previously reported (column A - column B)
20 Total of stocks previously presumed held for more than one year, but did not meet the holding period (from Form CT-3.1, Schedule F, line 1; enter here and on Part 4, line 10)	• 20		



Part 6 – Computation of business apportionment factor (see *instructions*)

Mark an **X** in this box only if you have **no receipts** required to be included in the denominator of the apportionment factor (see *instr.*) .. •

	A – New York State	B – Everywhere
1 Sales of tangible personal property	• 1	•
2 Sales of electricity	• 2	•
3 Net gains from sales of real property	• 3	•
4 Rentals of real and tangible personal property	• 4	•
5 Royalties from patents, copyrights, trademarks, and similar intangible personal property	• 5	•
6 Sales of rights for certain closed-circuit and cable TV transmissions of an event	• 6	•
7 Sale, licensing, or granting access to digital products	• 7	•

Section 210-A.2

- 1 Sales of tangible personal property
- 2 Sales of electricity
- 3 Net gains from sales of real property

Section 210-A.3

- 4 Rentals of real and tangible personal property
- 5 Royalties from patents, copyrights, trademarks, and similar intangible personal property
- 6 Sales of rights for certain closed-circuit and cable TV transmissions of an event

Section 210-A.4

- 7 Sale, licensing, or granting access to digital products

Section 210-A.5(a)(1) – Fixed percentage method for qualified financial instruments (QFIs)

- 8 To make this irrevocable election, mark an **X** in the box (see *instructions*) .. • 8

Section 210-A.5(a)(2) – Mark an **X** in each box that is applicable (see line 8 *instructions*)

Section 210-A.5(a)(2)(A)

- 9 Interest from loans secured by real property
- 10 Net gains from sales of loans secured by real property
- 11 Interest from loans **not** secured by real property (QFI •)
- 12 Net gains from sales of loans **not** secured by real property (QFI •)

Section 210-A.5(a)(2)(B) (QFI •)

- 13 Interest from federal debt

14

- 15 Interest from NYS and its political subdivisions debt
- 16 Net gains from federal, NYS, and NYS political subdivisions debt
- 17 Interest from other states and their political subdivisions debt
- 18 Net gains from other states and their political subdivisions debt

Section 210-A.5(a)(2)(C) (QFI •)

- 19 Interest from asset-backed securities and other government agency debt
- 20 Net gains from government agency debt or asset-backed securities sold through an exchange

- 21 Net gains from all other asset-backed securities

Section 210-A.5(a)(2)(D) (QFI •)

- 22 Interest from corporate bonds

- 23 Net gains from corporate bonds sold through broker/dealer or licensed exchange

- 24 Net gains from other corporate bonds

Section 210-A.5(a)(2)(E)

- 25 Net interest from reverse repurchase and securities borrowing agreements

Section 210-A.5(a)(2)(F)

- 26 Net interest from federal funds

Section 210-A.5(a)(2)(G) (QFI •)

- 27 Net income from sales of physical commodities

Section 210-A.5(a)(2)(H) (QFI •)

- 28 Marked to market net gains

Section 210-A.5(a)(2)(I) (QFI •)

- 29 Interest from other financial instruments

Section 210-A.5(a)(2)(J) (QFI •)

- 30 Net gains and other income from other financial instruments

• 9	•
• 10	•
• 11	•
• 12	•
• 13	•
• 15	•
• 16	•
• 17	•
• 18	•
• 19	•
• 20	•
• 21	•
• 22	•
• 23	•
• 24	•
• 25	•
• 26	•
• 27	•
• 28	•
• 29	•
• 30	•



Part 6 – Computation of business apportionment factor (continued)

	A – New York State	B – Everywhere
Section 210-A.5(b)		
31 Brokerage commissions	● 31	●
32 Margin interest earned on behalf of brokerage accounts	● 32	●
33 Fees for advisory services for underwriting or management of underwriting	● 33	●
34 Receipts from primary spread of selling concessions	● 34	●
35 Receipts from account maintenance fees	● 35	●
36 Fees for management or advisory services	● 36	●
37 Interest from an affiliated corporation	● 37	●
Section 210-A.5(c)		
38 Interest, fees, and penalties from credit cards	● 38	●
39 Service charges and fees from credit cards	● 39	●
40 Receipts from merchant discounts	● 40	●
41 Receipts from credit card authorizations and settlement processing ..	● 41	●
42 Other credit card processing receipts	● 42	●
Section 210-A.5(d)		
43 Receipts from certain services to investment companies	● 43	●
Section 210-A.5-a		
44 Global intangible low-taxed income	44	0 00
Section 210-A.6		
45 Receipts from railroad and trucking business	● 45	●
Section 210-A.6-a		
46 Receipts from the operation of vessels	● 46	●
Section 210-A.7		
47 Receipts from air freight forwarding	● 47	●
48 Receipts from other aviation services	● 48	●
Section 210-A.8		
49 Advertising in newspapers or periodicals	● 49	●
50 Advertising on television or radio	● 50	●
51 Advertising via other means	● 51	●
Section 210-A.9		
52 Transportation or transmission of gas through pipes	● 52	●
Section 210-A.10		
53 Receipts from other services/activities not specified	● 53	1,056,713 1,056,713
Section 210-A.11		
54 Discretionary adjustments	● 54	●
Total receipts		
55 Add lines 1 through 54 in columns A and B	● 55	1,056,713 1,056,713
Calculation of business apportionment factor		
56 New York State business apportionment factor (divide line 55, column A by line 55, column B and enter the resulting decimal here; round to the sixth decimal place after the decimal point; see instructions)	● 56	1.000000

Enter line 56 on Part 3, *Computation of tax on business income base*, line 14; and on Part 4, *Computation of tax on capital base*, line 12.

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Part 7 – Summary of tax credits claimed

1 Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law, Article 200 or 496, or section 195.20? (see Form CT-1; mark an **X** in one box)..... 1 Yes No X

Enter in the appropriate box below the amount of each tax credit **used** to reduce the tax due shown on Part 2, line 2, and attach the corresponding properly completed claim form. The amount of credit to enter is computed on each credit form and carried to this section.

CT-37	• <input type="text"/>	CT-607	• <input type="text"/>	CT-651	• <input type="text"/>
CT-40	• <input type="text"/>	CT-611	• <input type="text"/>	CT-652	• <input type="text"/>
CT-41	• <input type="text"/>	CT-611.1	• <input type="text"/>	CT-654	• <input type="text"/>
CT-43	• <input type="text"/>	CT-611.2	• <input type="text"/>	CT-655	• <input type="text"/>
CT-44	• <input type="text"/>	CT-612	• <input type="text"/>	DTF-621	• <input type="text"/>
CT-46	• <input type="text"/>	CT-613	• <input type="text"/>	DTF-622	• <input type="text"/>
CT-47	• <input type="text"/>	CT-631	• <input type="text"/>	DTF-624	• <input type="text"/>
CT-236	• <input type="text"/>	CT-633	• <input type="text"/>	DTF-630	• <input type="text"/>
CT-238	• <input type="text"/>	CT-634	• <input type="text"/>	Other credits • <input type="text"/>	
CT-239	• <input type="text"/>	CT-635	• <input type="text"/>		
CT-241	• <input type="text"/>	CT-636	• <input type="text"/>		
CT-242	• <input type="text"/>	CT-637	• <input type="text"/>		
CT-246	• <input type="text"/>	CT-638	• <input type="text"/>		
CT-248	• <input type="text"/>	CT-640	• <input type="text"/>		
CT-249	• <input type="text"/>	CT-641	• <input type="text"/>		
CT-250	• <input type="text"/>	CT-642	• <input type="text"/>		
CT-261	• <input type="text"/>	CT-643	• <input type="text"/>		
CT-501	• <input type="text"/>	CT-644	• <input type="text"/>		
CT-601	• <input type="text"/>	CT-645	• <input type="text"/>		
CT-602	• <input type="text"/>	CT-646	• <input type="text"/>		
CT-603	• <input type="text"/>	CT-647	• <input type="text"/>		
CT-604	• <input type="text"/>	CT-648	• <input type="text"/>		
CT-605	• <input type="text"/>	CT-649	• <input type="text"/>		
CT-606	• <input type="text"/>	CT-650	• <input type="text"/>		

2 Total tax credits claimed above (enter here and on Part 2, line 3; attach appropriate form for each credit claimed)

• <input type="text"/>	2	<input type="text"/>
• <input type="text"/>	3	<input type="text"/>

3 Total tax credits claimed that are refund eligible (see instructions)

4a If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an **X** in the box

• <input checked="" type="checkbox"/> 4a	<input type="text"/>
--	----------------------

4b If you claimed the tax-free NY area tax elimination credit, and you had a 100% area allocation factor, mark an **X** in the box

• <input checked="" type="checkbox"/> 4b	<input type="text"/>
--	----------------------

4c If you claimed the tax-free NY area excise tax on telecommunications credit and you had a 100% area allocation factor, mark an **X** in the box

• <input checked="" type="checkbox"/> 4c	<input type="text"/>
--	----------------------





Department of Taxation and Finance

Net Operating Loss Deduction (NOLD)

CT-3.4

Legal name of corporation
BAOBURG INC.

Employer identification number (EIN)
475233822

Attach to Form CT-3 or CT-3-A; see Form CT-3.4-I before completing.

- 1 Multiply Form CT-3 or CT-3-A, Part 3, line 17, by your appropriate business income base tax rate for the current year from the *Tax rates schedule* in Form CT-3-I or CT-3-A-I (see *instructions*) • 1 0
- 2 Enter the greater of the capital base tax or the fixed dollar minimum tax for the current tax year (from Form CT-3 or CT-3-A, Part 2, line 1b or 1c) • 2 0
- 3 Subtract line 2 from line 1 • 3 0
- 4 NOLD that is required to be utilized, if available (divide line 3 by the same business income base tax rate used for line 1; do not enter less than zero) • 4 0

Computation of net operating loss (NOL) to be used (see instructions)

5a NOL carryforward from prior year's Form CT-3.4	• 5a		
5b NOL carryforwards from new members who entered the group during the current tax year	• 5b		
5c NOL carryback	• 5c		
5d Subtotal (add lines 5a, 5b, and 5c)	• 5d		
5e NOL carryforwards that have expired	• 5e		
5f NOL carryforwards unavailable for use in the current tax year	• 5f		
5g Add lines 5e and 5f	• 5g		
5 Total NOLs available to be used in the current tax year (subtract line 5g from line 5d)	• 5	0	
6 NOL to be used in the current tax year	• 6	0	
Computation of NOL carryforward (see instructions)			
7a NOL incurred in the current tax year	• 7a	189,818	
7b Net NOLs available (add lines 5, 5f, and 7a)	• 7b	189,818	
7c NOL carryforwards from members who left the group during the current tax year	• 7c		
7d Add lines 6 and 7c	• 7d	0	
7 NOL available to be carried forward (subtract line 7d from 7b)	• 7	189,818	

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Schedule A – Apportioned business income or loss (*must be completed for each tax period; see instructions*).

If you are making the election to waive carryback of the current-year NOL, mark an **X** in the box •

Note: You **must** complete and attach Form CT-3.4 to Form CT-3 or CT-3-A each tax year.



**Schedule B – New members included in the combined group for the current tax period;
Form CT-3-A filers only (see *instructions*)**

Schedule C – Former members not included in the combined group at the end of the current tax period; Form CT-3-A filers only (see *instructions*)





CT-3-M

Department of Taxation and Finance

General Business Corporation

MTA Surcharge Return

Tax Law – Article 9-A, Section 209-B

Caution: This form must be used **only** for tax periods beginning on or after January 1, 2021. If you use it for any prior periods, the return will **not** be processed and will **not** be considered timely filed. As a result, penalties and interest may be incurred.

 Amended return All filers must enter tax period: beginning 10-01-21 ending 09-30-22

Employer identification number (EIN) 475233822	File number AA4	Business telephone number (917) 496-0125	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation BAOBURG INC.		Trade name/DBA	
Mailing address		State or country of incorporation	
Care of (c/o)		NY	
Number and street or PO box 614 MANHATTAN AVE		Date of incorporation 10-05-15	Foreign corporations: date began business in NYS
City BROOKLYN	U.S. state/Canadian province NY	ZIP/Postal code 11222	Country (if not United States)
For office use only			
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.			

File this form with your Form CT-3 or CT-3-A. Before completing this return, see Form CT-3-M-I, *Instructions for Form CT-3-M*.

A. Pay amount shown on line 12. Make payable to: **New York State Corporation Tax**
 Attach your payment here. Detach all check stubs. (See *instructions* for details.)

Payment enclosed

A**450**

Computation of MTA surcharge

1a New York State franchise tax (see <i>instructions</i>)	• 1a	1,500
1b Sum of fixed dollar minimum taxes for members subject to the MTA surcharge (see <i>instructions</i>)	• 1b	
1 Total New York State franchise tax (add lines 1a and 1b)	• 1	1,500
2 MCTD apportionment percentage from line 83	• 2	100.0000 %
3 Apportioned franchise tax (multiply line 1 by line 2)	• 3	1,500
4 MTA surcharge (multiply line 3 by 30% (.30))	• 4	450

5a, 5b, 6

7 Total prepayments from line 92	• 7	
8a Underpayment (subtract line 7 from line 4)	• 8a	450
8b Additional amount for 2022 MFI (see <i>instructions</i>)	• 8b	0
8c Total of lines 8a and 8b	• 8c	450
9 Estimated tax penalty (see <i>instructions</i> ; mark an X in the box if Form CT-222 is attached) • <input type="checkbox"/>	• 9	
10 Interest on late payment (see <i>instructions</i> for Form CT-3 or CT-3-A)	• 10	
11 Late filing and late payment penalties (see <i>instructions</i> for Form CT-3 or CT-3-A)	• 11	
12 Balance due (add lines 8c through 11 and enter here; enter the payment amount on line A above)	• 12	450
13a Excess prepayments (subtract line 4 from line 7)	• 13a	
13b Amount previously credited to 2022 MFI (see <i>instructions</i>)	• 13b	
13c Overpayment (subtract line 13b from line 13a)	• 13c	
14 Amount of overpayment to be credited to New York State franchise tax (see <i>instructions</i>)	• 14	
15 Amount of overpayment to be credited to MTA surcharge for next period (see <i>instructions</i>)	• 15	
16 Amount of overpayment to be refunded (see <i>instructions</i>)	• 16	

Schedule A – Computation of MCTD apportionment percentage (see *instructions*)

REV 05/26/22 PRO

Average value of property (see <i>instructions</i>)	A MCTD	B New York State
17 Real estate owned (see <i>instructions</i>)	17	
18 Real estate rented (see <i>instructions</i>)	18	
19 Inventories owned	19	
20 Tangible personal property owned (see <i>instructions</i>)	20	
21 Tangible personal property rented (see <i>instructions</i>)	21	
22 Total (add lines 17 through 21 in columns A and B)	22	•
23 MCTD property factor (divide line 22, column A, by line 22, column B)	23	0.0000 %

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Receipts from: (see instructions for lines 24 through 77)		A MCTD	B New York State
Section 210-A.2			
24 Sales of tangible personal property	24		
25 Sales of electricity	25		
26 Net gains from sales of real property	26		
Section 210-A.3			
27 Rentals of real and tangible personal property	27		
28 Royalties from patents, copyrights, trademarks, and similar intangible personal property	28		
29 Sales of rights for certain closed-circuit and cable TV transmissions of an event	29		
Section 210-A.4			
30 Sale, licensing, or granting access to digital products	30		
Section 210-A.5(a)(1) – Fixed percentage method for qualified financial instruments (QFIs)			
31 If this irrevocable election was made on Form CT-3 or CT-3-A, mark an X in the box (see Form CT-3-I or CT-3-A-I, Part 6, line 8 instructions)	31		
Section 210-A.5(a)(2) – Mark an X in each box that is applicable (see Form CT-3-I or CT-3-A-I, Part 6, line 8 instructions)			
Section 210-A.5(a)(2)(A)			
32 Interest from loans secured by real property	32		
33 Net gains from sales of loans secured by real property	33		
34 Interest from loans not secured by real property (QFI <input type="checkbox"/>)	34		
35 Net gains from sales of loans not secured by real property (QFI <input type="checkbox"/>)	35		
Section 210-A.5(a)(2)(B) (QFI <input type="checkbox"/>)			
36 Interest from federal debt	36		
37			
38 Interest from NYS and its political subdivisions debt	38		
39 Net gains from federal, NYS, and NYS political subdivisions debt	39		
40 Interest from other states and their political subdivisions debt	40		
41 Net gains from other states and their political subdivisions debt	41		
Section 210-A.5(a)(2)(C) (QFI <input type="checkbox"/>)			
42 Interest from asset-backed securities and other government agency debt	42		
43 Net gains from government agency debt or asset-backed securities sold through an exchange	43		
44 Net gains from all other asset-backed securities	44		
Section 210-A.5(a)(2)(D) (QFI <input type="checkbox"/>)			
45 Interest from corporate bonds	45		
46 Net gains from corporate bonds sold through broker/dealer or licensed exchange	46		
47 Net gains from other corporate bonds	47		
Section 210-A.5(a)(2)(E)			
48 Net interest from reverse repurchase and securities borrowing agreements	48		
Section 210-A.5(a)(2)(F)			
49 Net interest from federal funds	49		
Section 210-A.5(a)(2)(I) (QFI <input type="checkbox"/>)			
50 Net income from sales of physical commodities	50		
Section 210-A.5(a)(2)(J) (QFI <input type="checkbox"/>)			
51 Marked to market net gains	51		
Section 210-A.5(a)(2)(H) (QFI <input type="checkbox"/>)			
210-A.5(a)(2)(G) (QFI <input type="checkbox"/>)			
52 Interest from other financial instruments	52		
53 Net gains and other income from other financial instruments	53		



Receipts from: (continued)	A MCTD	B New York State
Section 210-A.5(b)		
54 Brokerage commissions	54	
55 Margin interest earned on behalf of brokerage accounts	55	
56 Fees for advisory services for underwriting or management of underwriting	56	
57 Receipts from primary spread of selling concessions	57	
58 Receipts from account maintenance fees	58	
59 Fees for management or advisory services	59	
60 Interest from an affiliated corporation	60	
Section 210-A.5(c)		
61 Interest, fees, and penalties from credit cards	61	
62 Service charges and fees from credit cards	62	
63 Receipts from merchant discounts	63	
64 Receipts from credit card authorizations and settlement processing	64	
65 Other credit card processing receipts	65	
Section 210-A.5(d)		
66 Receipts from certain services to investment companies	66	
Section 210-A.5-a		
67 Global intangible low-taxed income	67	
Section 210-A.6		
68 Receipts from railroad and trucking business	68	
Section 210-A.6-a		
69 Receipts from the operation of vessels	69	
Section 210-A.7		
70 Receipts from air freight forwarding	70	
71 Receipts from other aviation services	71	
Section 210-A.8		
72 Advertising in newspapers or periodicals	72	
73 Advertising on television or radio	73	
74 Advertising via other means	74	
Section 210-A.9		
75 Transportation or transmission of gas through pipes	75	
Section 210-A.10		
76 Receipts from other services/activities not specified	76	1,056,713
Section 210-A.11		
77 Discretionary adjustments	77	
78 Total (add lines 24 through 77 in columns A and B)	● 78	1,056,713
79 MCTD receipts factor (divide line 78, column A, by line 78, column B)	● 79	100.0000 %
Payroll	A MCTD	B New York State
80 Wages and other compensation of employees except general executive officers.....	● 80	●
81 MCTD payroll factor (divide line 80, column A, by line 80, column B)	● 81	0.0000 %
82 Total MCTD factors (add lines 23, 79, and 81)	● 82	100.0000 %
83 MCTD apportionment percentage (Divide line 82 by three; if a factor is missing, see instructions. Enter here and on line 2.)	● 83	100.0000 %



Composition of prepayments claimed on line 7 (see instructions)		Date paid	Amount
84	Mandatory first installment from Form CT-300 (see instructions)	84	
85	Second installment from Form CT-400	85	
86	Third installment from Form CT-400	86	
87	Fourth installment from Form CT-400	87	
88	Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13...	88	
89	Overpayment credited from prior years (see instructions)	89	
90	Add lines 84 through 89	90	
91	Overpayment credited from Form CT-_____	Period	• 91
92	Total prepayments (add lines 90 and 91; enter here and on line 7)		92

Third – party designee (see instructions)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Designee's name (print)	Designee's phone number ()
	Designee's email address			PIN <input type="text"/>

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person	Signature of authorized person	Official title PRESIDENT
	Email address of authorized person PABLO@SANCHEZLLC.COM	Telephone number (917) 496-0125	Date 02-17-23
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) SANCHEZ PROFESSIONAL SERVICES LLC	Firm's EIN 020713819	Preparer's PTIN or SSN P00442523
	Signature of individual preparing this return PABLO F SANCHEZ	Address 40-20 58TH STREET WOODSIDE NY 11377	City State ZIP code
	Email address of individual preparing this return PABLO@SANCHEZLLC.COM	Preparer's NYTPRIN or 03	Excl. code Date 02-18-23

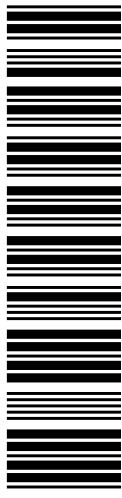
See instructions for where to file.





ESTIMATED TAX BY BUSINESS CORPORATIONS AND SUBCHAPTER S GENERAL CORPORATIONS

2022

For CALENDAR YEAR 2022 or FISCAL YEAR beginning 10-01, 2022 and ending 09-30, 2023

Print or Type:

Name (If combined filer, give name of reporting corporation) See Instructions		Name Change <input type="checkbox"/>	Taxpayer's Email Address						
BAOBURG INC.			PABLO@SANCHEZLLC.COM						
In Care of		EMPLOYER IDENTIFICATION NUMBER							
Address (number and street)		Address Change <input type="checkbox"/>							
614 MANHATTAN AVE									
City and State	Zip Code	Country (if not US)		BUSINESS CODE NUMBER AS PER FEDERAL RETURN					
BROOKLYN NY	11222								
Business telephone number	Person to contact								
917-496-0125	SUCHANAN AKSORNNAR								
<input checked="" type="checkbox"/> Business C Corporations only NYC-2 NYC-2S NYC-2A			<input type="checkbox"/> General-Subchapter S Corporations and Qualified Subchapter S Subsidiaries only NYC-3L NYC-3A NYC-4S NYC-4SEZ						

COMPUTATION OF ESTIMATED TAX

A. Payment		Amount included with form - Make payable to: <i>NYC Department of Finance</i>A.	Payment Amount
			500
1.	Declaration of estimated tax for current year	1.	1,500
2.	Estimated Payment Amount	2.	500

MAILING INSTRUCTIONS:

MAIL FORM TO:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3922
NEW YORK, NY 10008-3922

Make remittance payable to the order of:
NYC DEPARTMENT OF FINANCE
Payment must be made in U.S.dollars,
drawn on a U.S. bank.

To receive proper credit, you must
enter your correct Employer Identifi-
cation Number on your declaration
and remittance.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. SEE INSTRUCTIONS ON PAGE 2.

ELECTRONIC FILING

Register for electronic filing. It is an easy, secure and convenient way to file a declaration and an extension and pay taxes on-line.
For more information log on to **NYC.gov/eservices**



ESTIMATED TAX BY BUSINESS CORPORATIONS AND SUBCHAPTER S GENERAL CORPORATIONS

2022

For CALENDAR YEAR 2022 or FISCAL YEAR beginning 10-01, 2022 and ending 09-30, 2023

Print or Type:

Name (If combined filer, give name of reporting corporation) See Instructions		Name Change <input type="checkbox"/>	Taxpayer's Email Address						
BAOBURG INC.			PABLO@SANCHEZLLC.COM						
In Care of		EMPLOYER IDENTIFICATION NUMBER							
Address (number and street)		Address Change <input type="checkbox"/>							
614 MANHATTAN AVE									
City and State	Zip Code	Country (if not US)		BUSINESS CODE NUMBER AS PER FEDERAL RETURN					
BROOKLYN NY	11222								
Business telephone number	Person to contact								
917-496-0125	SUCHANAN AKSORNNAR								
<input checked="" type="checkbox"/> Business C Corporations only NYC-2 NYC-2S NYC-2A		<input type="checkbox"/> General-Subchapter S Corporations and Qualified Subchapter S Subsidiaries only NYC-3L NYC-3A NYC-4S NYC-4SEZ							

COMPUTATION OF ESTIMATED TAX

A. Payment		Amount included with form - Make payable to: <i>NYC Department of Finance</i>A.	Payment Amount
			500
1.	Declaration of estimated tax for current year	1.	1,500
2.	Estimated Payment Amount	2.	500

**MAILING
INSTRUCTIONS:**

MAIL FORM TO:
NYC DEPARTMENT OF FINANCE
 P.O. BOX 3922
 NEW YORK, NY 10008-3922

Make remittance payable to the order of:
NYC DEPARTMENT OF FINANCE
 Payment must be made in U.S. dollars,
 drawn on a U.S. bank.

To receive proper credit, you must
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 cation Number on your declaration
 and remittance.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. SEE INSTRUCTIONS ON PAGE 2.

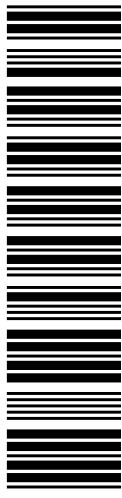
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ESTIMATED TAX BY BUSINESS CORPORATIONS AND SUBCHAPTER S GENERAL CORPORATIONS

2022

For CALENDAR YEAR 2022 or FISCAL YEAR beginning 10-01, 2022 and ending 09-30, 2023

Print or Type:

Name (If combined filer, give name of reporting corporation) See Instructions		Name Change <input type="checkbox"/>	Taxpayer's Email Address						
BAOBURG INC.			PABLO@SANCHEZLLC.COM						
In Care of		EMPLOYER IDENTIFICATION NUMBER							
Address (number and street)		Address Change <input type="checkbox"/>							
614 MANHATTAN AVE									
City and State	Zip Code	Country (if not US)		BUSINESS CODE NUMBER AS PER FEDERAL RETURN					
BROOKLYN NY	11222								
Business telephone number	Person to contact								
917-496-0125	SUCHANAN AKSORNNAR								
<input checked="" type="checkbox"/> Business C Corporations only NYC-2 NYC-2S NYC-2A			<input type="checkbox"/> General-Subchapter S Corporations and Qualified Subchapter S Subsidiaries only NYC-3L NYC-3A NYC-4S NYC-4SEZ						

COMPUTATION OF ESTIMATED TAX

A. Payment		Amount included with form - Make payable to: <i>NYC Department of Finance</i>A.	Payment Amount
			500
1.	Declaration of estimated tax for current year	1.	1,500
2.	Estimated Payment Amount	2.	500

MAILING INSTRUCTIONS:

MAIL FORM TO:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3922
NEW YORK, NY 10008-3922

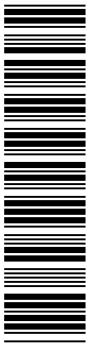
Make remittance payable to the order of:
NYC DEPARTMENT OF FINANCE
Payment must be made in U.S.dollars,
drawn on a U.S. bank.

To receive proper credit, you must
enter your correct Employer Identifi-
cation Number on your declaration
and remittance.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. SEE INSTRUCTIONS ON PAGE 2.

ELECTRONIC FILING

Register for electronic filing. It is an easy, secure and convenient way to file a declaration and an extension and pay taxes on-line.
For more information log on to **NYC.gov/eservices**



BUSINESS CORPORATION TAX RETURN 2021

To be filed by C Corporations ONLY – All Subchapter S Corporations must file Form NYC-1, NYC-3L, NYC-4S or NYC-4SEZ

For CALENDAR YEAR 2021 or FISCAL YEAR beginning 10-01 2021 and ending 09-30-22

Name BAOBURG INC.		Name Change <input type="checkbox"/>	
In care of			
Address (number and street) 614 MANHATTAN AVE		Address Change <input type="checkbox"/>	
City and State BROOKLYN		Zip Code NY 11222	Country (if not US)
Business telephone number 917-496-0125		Taxpayer's email address: PABLO@SANCHEZLLC.COM	
State or country of organization NY		Date organized 10-05-15	
Date business began in NYC 10-05-15	Final Return	Check this box if you have ceased operations in NYC <input type="checkbox"/>	
		If final return, date business ended in NYC	
Employer Identification Number: 4 7 - 5 2 3 3 8 2 2			
Business Code Number as per federal return: 7 2 2 5 1 1			
2-character special condition code, if applicable (See instructions): 			

CHECK ALL THAT APPLY	<input type="checkbox"/> Special short period return	<input type="checkbox"/> 52/53-week taxable year	<input type="checkbox"/> Pro-forma federal return attached	<input type="checkbox"/> Claim any 9/11/01-related federal tax benefits
	<input type="checkbox"/> Amended return	If the purpose of the amended return is to report a federal or state change, check the appropriate box:	<input type="checkbox"/> IRS change <input type="checkbox"/> NYS change	Date of Final Determination <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/>
Have you attached any of the following forms to this return? If yes, check all that apply.				
<input type="checkbox"/> Form NYC-2.1 <input type="checkbox"/> Form NYC-2.2 <input type="checkbox"/> Form NYC-2.3 <input checked="" type="checkbox"/> Form NYC-2.4 <input type="checkbox"/> Form NYC-2.5				

SCHEDULE A - Computation of Balance Due or Overpayment

A. Payment	Amount being paid electronically with this return	A.	Payment Amount
1.	Tax on business income base (from Schedule B, line 38)	1.	1 , 500
2.	Tax on capital base (from Schedule C, Part 3, line 5) Maximum Tax is \$10,000,000	2.	0
3.	Minimum tax - (see instructions) - NYC Gross Receipts: <input type="text" value="1,056,713."/>	3.	0
4.	Tax (enter the amount from line 1, 2 or 3, whichever is largest)	4.	1 , 500
5.	UBT Paid Credit (attach Form NYC-9.7C)	5.	
6.	Tax after UBT Paid Credit (subtract line 5 from line 4).....	6.	1 , 500
7.	REAP Credit (attach Form NYC-9.5)	7.	
8.	Real Estate Tax Escalation, Employment Opportunity Relocation and IBZ Credits (attach Form NYC-9.6).....	8.	
9.	LMREAP Credit (see instructions and attach Form NYC-9.8).....	9.	
10.	Intentionally left blank	10.	
11.	Beer Production Credit (attach Form NYC-9.12).....	11.	
12.	Net Tax after credits (subtract lines 7, 8, 9 and 11 from line 6)	12.	1 , 500
13.	Total prepayments (from Composition of Prepayments Schedule, page 2, line G)	13.	
14.	Balance due (subtract line 13 from line 12).....	14.	1 , 500
15.	Overpayment (subtract line 12 from line 13)	15.	
16a.	Interest (see instructions)	16a.	
16b.	Additional charges (see instructions).....	16b.	
16c.	Penalty for underpayment of estimated tax (attach Form NYC-222).....	16c.	
17.	Total of lines 16a, 16b and 16c	17.	
18.	Net overpayment (line 15 less line 17).....	18.	
19.	Amount of line 18 to be: a. Refunded - <input type="checkbox"/> Direct deposit - fill out line 19c OR <input type="checkbox"/> Paper check.....	19a.	
	b. Credited to 2022 estimated tax	19b.	
19c.	Routing Number: <input type="text"/> Account Number: <input type="text"/> Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
20.	TOTAL REMITTANCE DUE. (see instructions)	20.	1 , 500
21.	NYC rent deducted on federal tax return or NYC rent from Schedule E, part 1	21.	60 , 400
22.	Federal Return Filed: <input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120C <input type="checkbox"/> 1120F <input type="checkbox"/> 1120-RIC <input type="checkbox"/> 1120-REIT <input type="checkbox"/> 1120-H <input type="checkbox"/> Other / None		
23.	Gross receipts or sales from federal return	23.	1 , 056 , 713
24.	Total assets from federal return	24.	189 , 247

COMPOSITION OF PREPAYMENTS SCHEDULE

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 13	DATE	AMOUNT
A. Mandatory First Installment paid for tax year 2021 (Do not include your mandatory first installment paid for tax year 2022)		
B. Payment with Declaration, Form NYC-400		
C. Payment with Notice of Estimated Tax Due		
D. Payment with Notice of Estimated Tax Due		
E. Payment with extension, Form NYC-EXT		
F. Overpayment from preceding year credited to this year		
G. TOTAL of A through F (enter on Schedule A, line 13)		

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

I authorize the Dept. of Finance to discuss this return with the preparer listed below. (See instructions)YES

SIGN HERE SIGNER'S USE ONLY	Signature of officer	Title PRESIDENT	Date	Firm's email address PABLO@SANCHEZLLC.COM
	Preparer's signature	Preparer's printed name PABLO F SANCHEZ	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Social Security Number or PTIN Date 02-18-23 P 0 0 - 4 4 - 2 5 2 3
	SANCHEZ PROFESSIONAL SERVICES LLC 40-20 58TH STREET WOODSIDE NY 11377 ▲ Firm's name (or yours, if self-employed)			Firm's Employer Identification Number 0 2 - 0 7 1 3 8 1 9 ▲ Address ▲ Zip Code

MAILING INSTRUCTIONS

Attach copy of all pages of your federal tax return or pro forma federal tax return. The due date for the calendar year 2021 return is on or before April 18, 2022. For fiscal years beginning in 2021, file on or before the 15th day of the 4th month following the close of the fiscal year.

**ALL RETURNS EXCEPT
REFUND RETURNS**

NYC DEPARTMENT OF FINANCE
BUSINESS CORPORATION TAX
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

**REMITTANCES
PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES**

OR
Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

**RETURNS CLAIMING
REFUNDS**

NYC DEPARTMENT OF FINANCE
BUSINESS CORPORATION TAX
P.O. BOX 5563
BINGHAMTON, NY 13902-5563



SCHEDULE B - Computation of Tax on Business Income Base

1. Federal taxable income (FTI) before net operating loss (NOL) and special deductions (see instructions). 1.	-189,818	
2. Dividends and interest effectively connected with the conduct of a trade or business in the United States NOT included on line 1 by alien corporations 2.		
3. Any other income not included on line 1 which is exempt by treaty from federal income tax but would otherwise be treated as effectively connected with the conduct of a trade or business in the United States by alien corporations 3.		
4. Dividends not included on line 1 by non-alien corporations 4.		
5. Interest on federal, state, municipal and other obligations not included on line 1 by non-alien corporations 5.		
6. Income taxes paid to the US or its possessions deducted on federal return 6.		
7. NYS Franchise Tax, including MTA taxes and other business taxes deducted on the federal return (see inst; attach rider)....7.		
8. NYC Corporate Taxes deducted on federal return (see instructions) 8.		
9. Adjustments relating to employment opportunity relocation cost credit and IBZ credit 9.		
10. Adjustments relating to real estate tax escalation credit 10.		
11. ACRS depreciation and/or adjustments (attach Form NYC-399 and/or NYC-399Z).....11.		
12. Payment for use of intangibles 12.		
13. Intentionally omitted 13.		
14. Other additions (see instructions; attach rider).....14.		
15. Total of lines 1 through 14 15.	-189,818	
16. Gain on sale of certain property acquired prior to 1/1/66 (see instructions) 16.		
17. NYC and NYS tax refunds included in line 15 (see instructions) 17.		
18. Wages and salaries subject to IRC §280C deduction disallowance (see instructions).....18.		
19. Depreciation and/or adjustment calculated under pre-ACRS or pre - 9/11/01 rules (attach Form NYC-399 and/or NYC-399Z; see instructions) 19.		
20. Other subtractions (see instructions) (attach rider) 20.		
21. Total subtractions (add lines 16 through 20).....21.		
22. Net modifications to federal taxable income (subtract line 21 from line 15).....22.	-189,818	
23. Subtraction modification for qualified banks and other qualified lenders (from Form NYC-2.2, Schedule A, line 1; see instructions) .. 23.		
24. Entire net income (ENI) (subtract line 23 from line 22) 24.	-189,818	
25. Investment and other exempt income (from Form NYC-2.1, Schedule D, line 1).....25.		
26. Entire net income less investment and other exempt income 26.	-189,818	
27. Excess interest deductions attributable to investment income, investment capital and other exempt income (from Form NYC-2.1, Schedule D, line 2).....27.		
28. Business income (add lines 26 and 27) 28.	-189,818	
29. Addback of income previously reported as investment income (from Form NYC-2.1, Schedule F, Part 2, line 6; if zero or less, enter 0; see instructions).....29.		
30. Business income after addback (add lines 28 and 29) 30.	-189,818	
31. Intentionally Omitted 31.		
32a. Allocated business income after addback (Multiply Line 30 by the business allocation percentage from Schedule F, Part 3).....32a.	-189,818	
32b. If the amount on line 32a is not correct, enter correct amount here and explain in rider (see instructions).....32b.		
33. Prior net operating loss conversion subtraction (from Form NYC-2.3, Schedule C, line 4).....33.		
34. Allocated business income less prior net operating loss conversion subtraction (see instructions).....34.	-189,818	
35. Net operating loss deduction (from Form NYC-2.4, Schedule A, line 6).....35.		
36. Business income base (subtract line 35 from line 34).....36.	-189,818	
37. Tax rate (see instructions).....37.	6.500 %	
38. Tax on business income base (multiply line 36 by line 37 and enter here and on Schedule A, line 1) 38.	0	

Note: If you make an entry on line 23, 25, 27, 29, 33 or 35, you must complete and file the appropriate attachment form.



SCHEDULE C - Computation of Tax on Capital Base**Part 1 - Computation of Total Business Capital**Basis used to determine average value in column C. **Check one. (Attach detailed schedule.)**

- Annually - Semi-annually - Quarterly
 - Monthly - Weekly - Daily

		COLUMN A Beginning of Year	COLUMN B End of Year	COLUMN C Average Value
1.	Total assets from federal return	1. 365,174	189,247	277,211
2.	Real property and marketable securities included in line 1	2.		
3.	Subtract line 2 from line 1	3.		277,211
4.	Real property and marketable securities at fair market value	4.		
5.	Adjusted total assets (add lines 3 and 4)	5.		277,211
6.	Total liabilities (see instructions)	6. 141,406	458,764	300,085
7.	Total capital (subtract line 6, column C, from line 5, column C)	7.		0
8.	Investment capital (from Schedule D, line 4; if zero or less, enter 0)	8.		
9.	Business capital (subtract line 8 from line 7)	9.		0
10.	Addback of capital previously reported as investment capital (from Schedule D, line 5, column C; if zero or less, enter 0)	10.		
11.	Total business capital (add lines 9 and 10) (see instructions)	11.		0

Part 2 - Computation of Liabilities Attributable to Investment Capital and Within Business Capital

	COLUMN A	COLUMN B
1.	Total liabilities (Schedule C, Part 1, line 6) (see instructions)	1. 300,085
2.	Liabilities directly attributable to investment capital (see instructions)	2.
3.	Liabilities directly attributable to business capital	3.
4.	Total liabilities directly attributable (add lines 2 and 3)	4.
5.	Total liabilities indirectly attributable (subtract line 4 from line 1)	5. 300,085
6.	Average FMV of investment capital before subtraction of liabilities attributable (Form NYC-2.1, Schedule E, Part 4, Column F, line 4) (see instructions)	6.
7.	Average FMV of adjusted total assets (Schedule C, Part 1, line 5) (see instructions)	7. 277,211
8.	Investment capital factor (divide line 6 by line 7)	8.
9.	Liabilities indirectly attributable to investment capital (multiply line 5 by line 8)	9.
10.	Average FMV of business capital before subtraction of liabilities attributable (subtract line 6 from line 7)	10. 277,211
11.	Liabilities indirectly attributable to business capital (subtract line 9 from line 5)	11. 300,085
12.	Liabilities directly and indirectly attributable to business capital (add lines 3 and 11; if this line 12 exceeds line 10, STOP and do not go further) (see instructions)	12. 300,085
13.	Liabilities directly attributable to Insurance and Utility Capital	13.
14.	Liabilities directly attributable to General Business Capital	14.
15.	Average FMV of Insurance and Utility Capital before subtraction of liabilities attributable	15.
16.	Insurance and Utility Capital factor (divide line 15 by line 10)	16.
17.	Liabilities indirectly attributable to Insurance and Utility Capital (multiply line 16 by line 11)	17.
18.	Liabilities attributable to Insurance and Utility Capital (add lines 13 and 17)	18.
19.	Net Insurance and Utility Capital (subtract line 18 from line 15 and add any negative value from line 22, if this line 19 has a positive value without such addition) (see instructions)	19.
20.	Allocated Insurance and Utility Capital (multiply line 19 by the business allocation percentage from Schedule F, Part 3)	20.
21.	Liabilities attributable to General Business Capital (subtract line 2, line 9, line 13 and line 17 from line 1)	21.
22.	Net General Business Capital (subtract line 15 and line 21 from line 10, add any amount on Schedule C, Part 1, line 10 and add any negative value from line 19, if this line 22 has a positive value without such addition) (see instructions)	22.



SCHEDULE C - (Continued)**Part 3 - Computation of tax on capital base**

1a. Allocated General Business Capital (multiply Schedule C, Part 2, line 22 by the business allocation percentage from Schedule F, Part 3).....	1a.	0
1b. At tax rate 0.15% (multiply line 1a by 0.15%)	1b.	0
2a. Allocated insurance and utility capital (Schedule C, Part 2 line 20) (see instructions)	2a.	
2b. At tax rate 0.075%. Check the appropriate box: <input type="checkbox"/> Utility Corp. <input type="checkbox"/> Insurance Corp. (multiply line 2a by 0.075%)	2b.	
3a. Cooperative housing corporations (see instructions).....	3a.	
3b. At tax rate 0.04% Enter Boro <input type="text"/> Block <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Lot <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (multiply line 3a by 0.04%)	3b.	
4. Sum of taxes on capital (Enter the sum of lines 1b, 2b and 3b here)	4.	0
5. Tax on capital base (Subtract \$10,000 from line 4; If zero or less, enter 0 here and on Schedule A, line 2)	5.	0

SCHEDULE D - Computation of Investment Capital for the Current Year (see instructions)

	A Average fair market value as reported	B Liabilities attributable to column A amount	C Net average value (column A - column B)
1. Total capital that generates income claimed to not be apportionable to New York under the U.S. Constitution (from Form NYC-2.1, Schedule E, line 1).....1.			1.
2. Total of stocks actually held for more than one year (from Form NYC-2.1, Schedule E, line 2).....2.			2.
3. Total of stocks presumed held for more than one year (from Form NYC-2.1, Schedule E, line 3).....3.			3.
4. Total investment capital for the current year (add Column C, lines 1, 2 and 3; enter the result here and on Schedule C, Part 1, line 8; if zero or less, enter 0)			4.

Addback to business capital of stock presumed and claimed as investment capital in previous year

	A Average fair market value as reported	B Liabilities attributable to column A amount	C Net average value (column A - column B)
5. Total of stocks previously presumed held for more than one year, but did not meet the holding period (from Form NYC-2.1, Schedule F, line 1; enter here and on Schedule C, Part 1, line 10) ..5.			5.



SCHEDULE E - Location of Places of Business Inside and Outside New York City

All taxpayers must complete Schedule E, Parts 1 and 2.

Part 1 - List location for each place of business INSIDE New York City (see instructions; attach rider if necessary)

Complete Address			Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
Total	→						

Part 2 - List location for each place of business OUTSIDE New York City (see instructions; attach rider if necessary)

Complete Address			Rent	Nature of Activities	No. of Employees	Wages, Salaries, Etc.	Duties
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
NUMBER AND STREET							
CITY	STATE	ZIP					
Total	→						

SCHEDULE F - Computation of Business Allocation Percentage**Complete ONLY Schedule F, Part 1 or Schedule F, Part 2****Taxpayers must report their Business Allocation Percentage in Schedule F, Part 3 for this return to be accepted****A. If this is your first Business Corporation Tax return after January 1, 2018 -**

1. If your NYC receipts are:
 - a. Greater than \$50,000,000, complete Part 1.
 - b. Less than or equal to \$50,000,000, you have a one-time opportunity to elect the special three-factor allocation method.
 1. If you choose NOT to elect the three-factor formula allocation method, complete Part 1.
 2. If you choose to elect the three-factor formula allocation method, check the box below and complete Part 2.

Once the election is made, you must continue to use this method of allocation unless the election is revoked.

ELECTION CHECKBOX - by checking this box, the taxpayer elects to use the special three-factor allocation method.

B. If this is NOT your first Business Corporation Tax return after January 1, 2018 -

1. If you previously DID NOT elect to use the three-factor allocation method, or have revoked the election on a prior return, complete Part 1.
2. If you have previously elected to use the three-factor allocation method and choose to continue to use it, complete Part 2.
3. If you have previously made the election to use the three-factor allocation method and choose to revoke it on this return, check the revocation box below and complete Part 1. Once this election is revoked, you are ineligible to use the three-factor allocation method in future filing periods.

REVOCATION CHECKBOX - by checking this box, the taxpayer revokes its election to use the three-factor allocation method on this return and on all future tax filings.



SCHEDULE F, Part 1 - Computation of Single Receipts Factor Business Allocation Percentage (see instructions)

Taxpayers who do not allocate business income and business capital outside New York City must enter 100% on Schedule F, Part 3.

Taxpayers who allocate business income both inside and outside New York City must complete Schedule F, Part 1, unless they made a valid election to use the three factor Business Allocation Percentage.

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1. Receipts (from Form NYC-2.5, line 54.) Continue to Part 3 1.		

SCHEDULE F, Part 2 - Computation of Three Factor Business Allocation Percentage (see instructions)

Taxpayers who are using the three factor Business Allocation Percentage should complete this Part.

	COLUMN A - NEW YORK CITY	COLUMN B - EVERYWHERE
1a. Real estate owned 1a.		1a.
1b. Real estate rented - multiply by 8 (see instr.) (attach rider) 1b.		1b.
1c. Inventories owned 1c.		1c.
1d. Tangible personal property owned (see instructions) 1d.		1d.
1e. Tangible personal property rented - multiply by 8 (see instr., attach rider) ... 1e.		1e.
1f. Total 1f.		1f.
1g. Percentage in New York City (divide line 1f, column A by line 1f, column B) 1g.		%
1h. Multiply line 1g by 3.5 1h.		
2a. Receipts (from Form NYC-2.5, line 54) 2a.		2a.
2b. Percentage in New York City (divide line 2a, column A by line 2a, column B) 2b.		%
2c. Multiply line 2b by 93 2c.		
3a. Wages, salaries and other compensation of employees, except general executive officers (see instructions) 3a.		
3b. Percentage in New York City (divide line 3a, column A by line 3a, column B) 3b.		%
3c. Multiply line 3b by 3.5 3c.		
Sum of Weighted Factors		
4. Add lines 1h, 2c and 3c. Continue to Part 3 4.		

SCHEDULE F, Part 3 - Enter your business allocation percentage either from Part 1 or Part 2. Enter as a percentage and round to ten-thousandth of a percentage point. (See instructions)

- If you are not allocating, enter 100%.
- If you are using Part 1, divide Part 1, column A by column B.
- If you are using Part 2, divide Part 2, line 4 by 100 if no factors are missing.
If a factor is missing, divide line 4 by the total of the weights of the factors present.

100.0000 %



SCHEDULE G - Additional Required Information

1. List all significant business activities in NYC and everywhere (see instructions; if necessary, attach list) SEE LIST
2. Enter your Secondary Business Code (see instructions) _____
3. Trade name of reporting corporation, if different from name entered on page 1 _____
4. Is this corporation included in a consolidated federal return? YES NO
If "YES", give parent's name: _____ EIN: _____
5. Is this corporation a member of a controlled group of corporations as defined in IRC section 1563, disregarding any exclusion by reason of paragraph (b)(2) of that section? YES NO
If "YES", give common parent corporation's name _____ EIN: _____
6. Has the Internal Revenue Service or the New York State Department of Taxation and Finance corrected any taxable income or other tax base reported in a prior year, or are you currently under audit? YES NO
If "YES", Internal Revenue Service State period(s): Beg.: _____ End.: _____
by whom? New York State Department of Taxation and Finance State period(s): Beg.: _____ End.: _____
MMDDYY MMDDYY
7. If "YES" to question 6:
7a. For years prior to 1/1/15, has Form(s) NYC-3360 (Report of Federal/State Change in Tax Base) been filed? YES NO
7b. For years beginning on or after 1/1/15, has an amended return(s) been filed? YES NO
8. Did this corporation make any payments treated as interest in the computation of business income to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock?
If "YES", please attach a schedule giving Shareholder's name, SSN/EIN, Interest paid to shareholder,
Total indebtedness to shareholder and Total interest paid YES NO
9. Was this corporation a member of a partnership or joint venture during the tax year? YES NO
If "YES", attach schedule listing name(s) and Employer Identification Number(s).
10. At any time during the taxable year, did the corporation have an interest in real property (*including a leasehold interest*) located in NYC or a controlling interest in an entity owning such real property? YES NO
- 11a. If "YES" to question 10, attach a schedule of such property, indicating the nature of the interest and including the street address, borough, block and lot number.
- 11b. Was any NYC real property (*including a leasehold interest*) or controlling interest in an entity owning NYC real property acquired or transferred with or without consideration? YES NO
- 11c. Was there a partial or complete liquidation of the corporation? YES NO
- 11d. Was 50% or more of the corporation's ownership transferred during the tax year, over a three-year period or according to a plan? YES NO
12. If "YES" to questions 11b, 11c or 11d, was a Real Property Transfer Tax Return (*Form NYC-RPT*) filed? YES NO
13. If "NO" to question 12, explain: _____
14. Does this taxpayer pay rent greater than \$200,000 for any premises in NYC in the borough of Manhattan south of 96th Street for the purpose of carrying on any trade, business, profession, vocation or commercial activity? YES NO
15. If "YES" to question 14, were all required Commercial Rent Tax Returns filed? YES NO
Please enter Employer Identification Number which was used on the Commercial Rent Tax Return: _____
16. Are you claiming an exception to the related member expense addback under Administrative Code section 11-652(8)(n)(2)(ii)? ... YES NO
If yes, enter applicable exception and amount of royalty payments. _____

EXCEPTION	AMOUNT
17. If you filed federal form 1120F, did you have Effectively Connected Income (ECI)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	_____
18. Did this corporation carry out any commercial banking business (as defined by Section 11-640(b) of the Ad. Code) during this filing period?.... <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	_____
19. Did you include a disregarded entity in this return? If YES, attach a schedule giving the legal name and EIN of each disregarded entity included..... <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	_____



SCHEDULE H - DETERMINATION OF TAX RATE

A. Enter the tax rate computed or used below (see instructions)	A.	6.500
B. Enter the line number of the tax rate computed or used below (see instructions)	B.	1
Ca. Enter your unallocated business income from Schedule B, line 30 (see instructions).....	Ca.	-189,818.
Cb. If the amount on line Ca is not correct, enter correct amount here and explain in rider (see instructions).....	Cb.	
D. Enter your allocated business income from Schedule B, line 32a or 32b if used	D.	-189,818.
E. If you are a Qualified Manufacturing Corporation as defined in Administrative Code Section 11-654(1)(k)(4), mark an x in the box (see instr.)... <input type="checkbox"/>	E.	
F. If you are a Financial Corporation as defined in Administrative Code Section 11-654(1)(e)(1)(i), mark an X in the box (see instr.)..... <input type="checkbox"/>	F.	

TAX RATE COMPUTATION FOR BUSINESS CORPORATIONS NOT SPECIFIED BELOW (see instructions)

1. If unallocated business income (<i>Schedule B, line 30</i>) is less than \$2M and allocated business income (<i>Schedule B, line 32a or 32b if used</i>) is less than \$1M.	6.50%
2. If unallocated business income (<i>Schedule B, line 30</i>) is equal to or greater than \$3M (<i>regardless of the amount of allocated business income</i>)	8.85%
3. If allocated business income (<i>Schedule B, line 32a or 32b if used</i>) is equal to or greater than \$1.5M (<i>regardless of the amount of unallocated business income</i>)	8.85%
4. If unallocated business income (<i>Schedule B, line 30</i>) is equal to or greater than \$2M but less than \$3M and allocated business income (<i>Schedule B, line 32a or 32b if used</i>) is less than \$1M, use unallocated formula	$6.50\% + (2.35\% \times \frac{\text{line 30} - 2,000,000}{1,000,000}) = \underline{\hspace{2cm}}$ %
5. If unallocated business income (<i>Schedule B, line 30</i>) is less than \$2M and allocated business income (<i>Schedule B, line 32a or 32b if used</i>) is equal to or greater than \$1M but less than \$1.5M, use allocated formula	$6.50\% + (2.35\% \times \frac{\text{line 32a or 32b} - 1,000,000}{500,000}) = \underline{\hspace{2cm}}$ %
6. If unallocated business income (<i>Schedule B, line 30</i>) is equal to or greater than \$2M but less than \$3M and allocated business income (<i>Schedule B, line 32a or 32b if used</i>) is equal to or greater than \$1M but less than \$1.5M, compute tax rates using both formulas. Use the greater of the two computed tax rates.	$6.50\% + (2.35\% \times \frac{\text{line 30} - 2,000,000}{1,000,000}) = \underline{\hspace{2cm}}$ % $6.50\% + (2.35\% \times \frac{\text{line 32a or 32b} - 1,000,000}{500,000}) = \underline{\hspace{2cm}}$ %
	Enter the greater of the two computed tax rates: <u> </u> %

TAX RATE COMPUTATION FOR QUALIFIED MANUFACTURING CORPORATIONS (see instructions)

7. If unallocated business income (<i>Schedule B, line 30</i>) is less than \$20M and allocated business income (<i>Schedule B, line 32a or 32b if used</i>) is less than \$10M	4.425%
8. If unallocated business income (<i>Schedule B, line 30</i>) is equal to or greater than \$40M (<i>regardless of the amount of allocated business income</i>)	8.85%
9. If allocated business income (<i>Schedule B, line 32a or 32b if used</i>) is equal to or greater than \$20M (<i>regardless of the amount of unallocated business income</i>)	8.85%
10. If unallocated business income (<i>Schedule B, line 30</i>) is equal to or greater than \$20M but less than \$40M and allocated business income (<i>Schedule B, line 32a or 32b if used</i>) is less than \$10M, use unallocated formula	$4.425\% + (4.425\% \times \frac{\text{line 30} - 20,000,000}{20,000,000}) = \underline{\hspace{2cm}}$ %
11. If unallocated business income (<i>Schedule B, line 30</i>) is less than \$20M and allocated business income (<i>Schedule B, line 32a or 32b if used</i>) is equal to or greater than \$10M but less than \$20M, use allocated formula	$4.425\% + (4.425\% \times \frac{\text{line 32a or 32b} - 10,000,000}{10,000,000}) = \underline{\hspace{2cm}}$ %
12. If unallocated business income (<i>Schedule B, line 30</i>) is equal to or greater than \$20M but less than \$40M and allocated business income (<i>Schedule B, line 32a or 32b if used</i>) is equal to or greater than \$10M but less than \$20M, compute tax rates using both formulas. Use the greater of the two computed tax rates	$4.425\% + (4.425\% \times \frac{\text{line 30} - 20,000,000}{20,000,000}) = \underline{\hspace{2cm}}$ % $4.425\% + (4.425\% \times \frac{\text{line 32a or 32b} - 10,000,000}{10,000,000}) = \underline{\hspace{2cm}}$ %
	Enter the greater of the two computed tax rates: <u> </u> %

TAX RATE COMPUTATION FOR CERTAIN FINANCIAL CORPORATIONS (see instructions)

13. Financial Corporations as defined in Administrative Code Section 11-654(1)(e)(1)(i)	9.00%
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REV 05/26/22 PRO

16



NET OPERATING LOSS DEDUCTION (NOLD)

You MUST attach this form to Form NYC-2 or NYC-2A each tax year

For Calendar Year 2021 or Fiscal Year Beginning 10-01, 2021 and ending 09-30-22

Name as shown on NYC-2 or NYC-2A:

BAOBURG INC.

Employer Identification Number

4,7 - 5,2,3,3,8,2,2

A. Were there any special federal Net Operating Loss elections? YES NO

B. NYC-2A filers: Have there been any changes in the composition of the group of corporations included in this Combined Business Corporation Tax Return from the prior tax period? If "YES," please complete Schedules B and C. (See instructions) YES NO

C. Are you making an election to waive the carryback period for NOLs generated in the current tax period? YES NO

SCHEDULE A - COMPUTATION OF CURRENT NYC NET OPERATING LOSS DEDUCTION (NOLD)

1. Multiply Form NYC-2 or NYC-2A, Schedule B, line 34 by your appropriate business income base tax rate for the current year from Schedule H, Determination of Tax Rate in Form NYC-2 or NYC-2A (see instr.) 1. 0
2. Enter the greater of the capital base tax or the fixed dollar minimum tax for the current tax year (from Form NYC-2 or NYC-2A, Schedule A, line 2 or 3) 2. 0
3. Subtract line 2 from line 1. If less than zero, enter "0" (see instructions) 3. 0
4. NOLD that is required to be utilized, if available (divide line 3 by the same business income base tax rate used for line 1; do not enter less than zero) 4. 0

Computation of net operating loss (NOL) to be used (see instructions)

5a. NOL carryforward from prior year's Form NYC-2.4	5a. 0
5b. NOL carryforwards from new members who entered the group during the current tax year	5b. 0
5c. NOL carryback	5c. 0
5d. Subtotal (add lines 5a, 5b and 5c)	5d. 0
5e. NOLs carryforwards that have expired	5e. 0
5f. NOL carryforwards unavailable for use in the current tax year	5f. 0
5g. Add lines 5e and 5f	5g. 0
5h. Total of NOLs available to be used in the current tax year (subtract line 5g from line 5d)	5h. 0
6. NOLs to be used in the current tax year	6. 0
Computation of NOL carryforward (see instructions)	
7a. NOL incurred in the current tax year	7a. 189,818
7b. Net NOLs available (add lines 5h, 5f and 7a)	7b. 189,818
7c. NOL carryforwards from members who left the group during the current tax year	7c. 0
7d. Add lines 6 and 7c	7d. 0
7e. NOL available to be carried forward (subtract line 7d from 7b)	7e. 189,818

SCHEDULE B - FORM NYC-2A FILERS ONLY: ENTITIES NOT INCLUDED IN PRIOR COMBINED RETURN

Are any entities included in the Combined Business Corporation Tax Return that were not included in the return for the prior period? YES NO

Complete this schedule for each corporation included in the Combined Business Corporation Tax Return that was not included in the Combined Business Corporation Tax Return for the prior tax period.

A Name of corporation	B Employer Identification Number	C NOL available at the beginning of this tax period	D Beginning date of this tax period (mm-dd-yy)	E Ending date of this tax period (mm-dd-yy)	F Reason(s) INCLUDED in combined business corporation tax return	G Subject to IRC §§381-384 or SRLY
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

If additional space is required, please use this format on a separate sheet and attach to this page.

SCHEDULE C - FORM NYC-2A FILERS ONLY: ENTITIES NO LONGER INCLUDED IN COMBINED GROUP (See Instructions)

Are there any entities in the combined group for which this will be the last tax period of inclusion in the group? YES NO

Complete this schedule for each corporation included in the combined group for any part of the group's current tax period that are no longer part of the combined group as of the beginning of the combined group's subsequent tax period.

A Name of corporation	B Employer Identification Number	C NOL available upon leaving combined group	Former Member's Tax Period in Combined Group		F Reason(s) EXCLUDED from combined business corporation tax return
			D Beginning date (mm-dd-yy)	E Ending date (mm-dd-yy)	

If additional space is required, please use this format on a separate sheet and attach to this page.

SCHEDULE D - NYC NET OPERATING LOSS DEDUCTION SCHEDULE (NOLD)

APPLICABLE YEAR	COLUMN A - Tax Year	COLUMN B - Amount from NYC-2A or NYC-2, Sch. B, line 34	COLUMN C - NYC Net Operating Loss Generated	COLUMN D - NYC Net Operating Loss Utilized	COLUMN E - NYC Net Operating Loss Expired	COLUMN F - NYC Net Operating Loss Remaining
1. 19th preceding yr						
2. 18th preceding yr						
3. 17th preceding yr						
4. 16th preceding yr						
5. 15th preceding yr						
6. 14th preceding yr						
7. 13th preceding yr						
8. 12th preceding yr						
9. 11th preceding yr						
10. 10th preceding yr						
11. 9th preceding yr						
12. 8th preceding yr						
13. 7th preceding yr						
14. 6th preceding yr						
15. 5th preceding yr						
16. 4th preceding yr						
17. 3rd preceding yr						
18. 2nd preceding yr						
19. 1st preceding yr						
20. Current year	2021	-189,818.		0.		



BAOBURG INC.

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Additional information from your 2021 New York City General Corp Tax Return

NYC-2: Business Corporation Tax Return

Sch G, Significant Business Activities Statement

Continuation Statement

Sch G, Significant Business Activities Statement
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RESTAURANT
